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BIBDATASHEET**CONFIRMATION NO. 6305**

Bib Data Sheet

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|-----------------------------|---------------------------|--------------|------------------------|--|
| SERIAL NUMBER 10/643,860 | FILING DATE 08/19/2003 | CLASS 248 | GROUP ART UNIT 3632 | ATTORNEY DOCKET NO. PO-7928/MD-03-19 |
| | RULE | | | |

APPLICANTS

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** CONTINUING DATA ***** *Name ASJ*** FOREIGN APPLICATIONS ***** *Name AFN***IF REQUIRED, FOREIGN FILING LICENSE****GRANTED**

** 03/31/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT | | |
|---------------------------------|--|------------------------------------|----------|--------|-------------|----|---|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS | | |
| Verified and Acknowledged | <i>ASJ</i> | Examiner's Signature <i>ASJ</i> | Initials | PA | 13 | 30 | 2 |

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